

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	R/T		
O.I.P.E. CLASSIFIER		25	01-08-93
FORMALITY REVIEW		690716	

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date									
Final	12	5	1	4	5	12				
Original	15	19	8	16	1	9				
00	08	02	02	03	03	03				
(1)	✓	✓	/	/	/	/				
2	✓	✓	✓	✓	✓	✓				
3	✓	✓	✓	✓	✓	✓				
4	✓	✓	✓	✓	✓	✓				
5	✓	✓	✓	✓	✓	✓				
6	✓	✓	✓	✓	✓	✓				
(7)	✓	✓	✓	✓	✓	✓				
(8)	✓	✓	✓	✓	✓	✓				
9	✓	✓	✓	✓	✓	✓				
10	✓	✓	✓	✓	✓	✓				
11	✓	✓	✓	✓	✓	✓				
12	✓	✓	✓	✓	✓	✓				
(13)	✓	✓	✓	✓	✓	✓				
14	✓	✓	✓	✓	✓	✓				
15	✓	✓	✓	✓	✓	✓				
16	✓	✓	✓	✓	✓	✓				
17	✓	✓	✓	✓	✓	✓				
18	✓	✓	✓	✓	✓	✓				
19	✓	✓	✓	✓	✓	✓				
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Claim	Date									
Final	51									
Original	52									
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47	100									

Claim	Date									
Final	101									
Original	102									
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(1)	104									
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If more than 150 claims or 10 actions
staple additional sheet here

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